



**New Hampshire Department of Agriculture, Markets & Food**  
 Division of Weights and Measures  
 PO Box 2042  
 Concord, NH 03302-2042

**PLACED IN SERVICE / INSPECTION REPORT FORM**  
**RETAIL MOTOR FUEL DEVICES**

Please print legibly or type

Tel: (603) 271-3700  
 Fax: (603) 271-1109  
 E-mail: dennis.marquis@agr.nh.gov

Installed: <input type="checkbox"/>	Repaired: <input type="checkbox"/>	Replaces: <input type="checkbox"/>	Test & Calibrate: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Rejected: <input type="checkbox"/>
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Date: 1/2/2014	Service Technician/Service Co.: John Smith	Lic.#: 999	Page 1 of 1	Div. of Weights & Measures Account #: 811111
Name of Business: Fred's Garage				Product Trade Name: Jipco Blend Pumps? Yes No
Address: 123 Happy Lane				
City: Anywhere	State: NH	Zip Code: 03000		
Total # of Meters: 2				

REMARKS: Annual certification	<b>PRODUCT KEY:</b> (1) Regular (2) Mid Grade (3) Premium (4) Ultra (5) Diesel (6) Kerosene (7) Other (8) High Speed Diesel
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Pump #	Certification Stamp #	Make of Meter	Serial Number	Product Key	Test	Prover Reading As Found	Prover Reading As Sealed		Gallons Used for Test
1	000001	Wayne	09542	1	Normal	-8	+1	Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>	30
					Special	-6	0	Replaces: SN #:	
2	000002	Wayne	09543	3	Normal	+4	0	Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>	20
					Special	+4	0	Replaces: SN #:	
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>	
					Special			Replaces: SN #:	
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>	
					Special			Replaces: SN #:	
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>	
					Special			Replaces: SN #:	
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>	
					Special			Replaces: SN #:	
					Normal			Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>	
					Special			Replaces: SN #:	

Signature of Service Technician: <u>John Smith</u>	The licensee shall complete this form accurately and completely. The white copy and any official rejection tag removed from the device shall be sent via mail, email, or fax within 5 days to the address at the top of this form. I certify that the device(s) listed above meet(s) all requirements set forth in NIST Handbook 44 (current edition) for commercial devices and that they were tested using accepted test procedures as outlined in NIST Handbook 112: Examination Procedures Outlines for Weighing and Measuring Devices.
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